

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 144771		me of the limited liabili			
3. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE CONSULTING				
5. Principal office address P.O. BOX 3113			City NEWPORT	State RI	Zip 02840
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Contact Name ALLAN BOOTH			Contact Title MANAGER		
Street Address P.O. BOX			City NEWPORT	State RI	Zip 02840
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Manager Name ALLAN BOOTH			Manager Name		
Street Address P.O. BOX 3113			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Manager Name		<u> </u>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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This information is currentle	y of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.	
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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person